MISSISSIPPI STATE VETERANS HOME

120 Veterans Dr.
Oxford, Mississippi 38655

SOCIAL HISTORY

We have found through experience that the more we know about our residents when they come into our facility the better care we can give. Often details of a person's past life which we never thought of asking about turn out to be important factors in their happiness here. Your replies are completely confidential and will be used only for professional purposes. Sending the completed form in advance will save you time on admission. If you are uncertain about any questions, you can discuss them with one of us.

I. CURRENT SITUATION

A.

	ALONE	NEEDS HELP	UNABLE
1. Dressing	☐	☐	☐
2. Washing hands and face	☐	☐	☐
3. Bathing and skin care	☐	☐	☐
4. Getting in and out of bed	☐	☐	☐
5. Getting in and out of a chair	☐	☐	☐
6. Hair care	☐	☐	☐
7. Fingernail care	☐	☐	☐
8. Toenail care	☐	☐	☐
9. Shaving	☐	☐	☐
10. Brushing teeth and/or dentures	☐	☐	☐
11. Toile use	☐	☐	☐

12. Bowel control: ☐Normal ☐Occasional loss of control ☐Unable to control
☐Enemas ☐Uses Suppositories
Frequency _____ Time of Day _____
Any "help" used: _____

13. Bladder Control ☐Normal ☐Occasional loss of control ☐Unable to control
☐Catheter
Frequency _____ Time of Day _____

B. Walking (check all that apply)

☐Normal	☐Cane(s)	☐Wheel Chair
☐Slow but steady	☐Crutch(es)	☐Brace
☐Unsteady	☐Walker	☐Artificial Limb
☐Not walking	☐Climb Stairs	
☐Up in chair only	☐Bedridden	

Resident Name _____ Physician _____ Date _____

Describe falls or injuries resident has had: _____

Name preferred to be called: _____

C. Eating:

1. Foods resident dislikes: _____
2. Foods which cause allergies: _____
   Foods which cause indigestion: _____
3. Appetite (check one) ☐poor ☐normal ☐overeats
4. Eating (check one) ☐feeds self ☐needs help ☐spoonfed ☐tubefed
5. Describe use of alcoholic drinks: _____
   Any objections to alcoholic drinks prescribed by physician? _____
6. Does resident smoke? _____ If yes, state type & supply: _____
   Does he/she object to being with those who smoke? _____

D. Sleeping (check all that apply)

Usual bedtime at: _____ P.M. Usually wake-up time: _____ A.M. If takes nap, time: _____

☐restless ☐wandering at night ☐unable to use nurse call signal
☐daytime dozing ☐needs side rails

E. Describe any impairments or problems:

1. Speech: _____
   If impaired, how does resident communicate? _____
2. Writing: _____
   ☐right handed ☐left handed ☐both
3. Vision: _____
   ☐glasses Reading ability: _____
4. Hearing: _____ Better ear: _____
   ☐hearing aid Type: _____
   Battery #: _____ Where to buy batteries: _____
   Where to get hearing aid repaired: _____
5. Teeth and mouth: _____ Upper☐ Lower☐ Dentures☐
6. Skin: _____
   Bedsores: _____
7. Feet: _____
8. Other physical conditions requiring care: _____
9. Problems getting resident to take medicine or treatment: _____
10. Medicines or treatment resident has reacted unfavorably to or is allergic to: _____

F. Check all of the following which describe present condition(s). (If occur only occasionally, indicate when) Star (*) items developed in recent month(s).

☐Sociable	☐Hearing things that are not there	☐Slightly forgetful
☐Cheerful	☐Prefers to be alone	☐Very forgetful
☐Independent	☐Prefers groups	☐Depressed
☐Too independent	☐Silent	☐Often angry
☐Mentally alert	☐Cooperative	☐Worrier
☐Confused	☐Reserved	☐Easily fatigued
☐Temper outbursts	☐Aggressive	☐Fears of death
☐Cries easily	☐Has talked of suicide	☐Dizziness
☐Excessive laughing	☐Has attempted suicide	☐Fainting
☐Wants to get well	☐Withdrawn	☐Convulsions
☐Noisy	☐Chronic complainer	☐Headaches
☐Loss of self esteem	☐Sensitive	☐Poor judgment
☐Believes people are against them		☐Sees things not there

II. PAST LIFE

A. Early family life
   1. Born and raised: _____
      (If foreign born) Age came to U.S. _____ Citizen now? _____
   2. Father's name: _____ Birthplace: _____
   3. Mother's maiden name: _____ Birthplace: _____
   4. Names, age and descriptions of brothers and sisters of resident and present contact and relationship with resident: _____

B. Education
   Grade completed: _____ On-the-job training: _____

C. Occupation
   Main jobs: _____

D. Travels – where and when? _____

E. Retirement
   1. Planning in advance: _____
   2. Date of retirement: _____ Voluntary or Involuntary:
   3. Reaction of retirement was: _____
   4. Work subsequent to retirement: _____

F. Marriage (If wife, give maiden name)
   1. Spouse's name: _____
   2. Date of marriage: _____
   3. Divorced? _____ Widowed? _____
   4. Reaction to death of spouse: _____
   5. Describe the important characteristics of the marriage as you know them: _____
   6. Children:
      Name: _____ Spouse's name: _____
      Grandchildren: _____
      Present contacts and relationships with resident: _____

      Name: _____ Spouse's name: _____
      Grandchildren: _____
      Present contacts and relationships with resident: _____

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      Grandchildren: _____
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G. Resident's mental/emotional status:

1. Are there any problems we can expect? Suggestions for handling? _____
2. How does resident accept reality? _____
3. What was resident's usual temperament or disposition during earlier adult life? _____
4. How is the present temperament of mental attitude of the resident different from the past? (For example: how do they get along with people? What upsets them?) _____
5. What satisfaction does resident have in present life? _____
6. What frustrations? _____
7. Any medicine resident uses regularly? _____

H. Admission Decision

1. Describe in your own words why resident is coming into the facility. Include details that you consider significant: _____
2. Who was most influential in making the final decision and how did this come about? _____

III. PRESENT LIVING ARRANGEMENTS

1. Resident is presently located? _____ How long? _____
   Owned their home? _____ Any plans to dispose of home? _____
   Where lived most of adult life? _____
2. Whom does resident trust most? _____ The least? _____
3. Are there any financial problems the resident is worried about? _____
   Can resident manage own pocket money? _____ How much? _____
4. Able to take care of own valuables? (Watch, rings, etc.) _____
   Precautions: _____

IV. MISCELLANEOUS CURRENT INFORMATION

1. What has resident been told about their condition and the outlook for the future? _____
   What was his/her reaction? _____
2. What has resident been told about coming into the facility? _____
3. In the event resident improves sufficiently to be discharged, the tentative plan is that resident will be moved to: Own Home _____ Sheltered care home _____
   Home of family member (name) _____
   Home for the aged _____ Foster home _____
   Other _____ No plan _____

What has resident been told about these plans and what is their reaction? _____

Where would they prefer to live? _____

Is there any other information you think we should know to assist us in caring for him/her? _____

Admission Date _____ Completed by _____ Date _____

Reviewed by _____ Date _____